

OSD/WHS IN-PROCESSING CHECKLIST

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; DoDD 5105.53, Director of Administration and Management (DA&M); DoDD 5110.04, Washington Headquarters Services (WHS).

PRINCIPAL PURPOSE(S): To provide supervisors with a consistent outline for the in-processing and orientation of new employees. Supervisors are responsible for ensuring that all items on this form are reviewed and/or coordinated through other supporting organizations/offices for new employees. Personal information contained may be used only by authorized persons in the conduct of official business.

ROUTINE USE(S): The DoD Blanket Routine Uses found at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may also apply to these records.

DISCLOSURE: Voluntary. However, failure to provide requested optional information may result in the individual not receiving agency notifications (via COOP or other emergency notification system).

INSTRUCTIONS

Complete all in-processing requirements within 14 days of employee's arrival, to include completion of scheduled appointments. Employee, Administrative Officer and Security Manager will sign and date the form when completed. Return completed in-processing checklist to respective organizational administrative officer.

SECTION I - EMPLOYEE INFORMATION

1. EMPLOYEE NAME (Last, First, Middle Initial)			2. ONBOARD DATE (YYYYMMDD)		
3. EMERGENCY CONTACT (Optional)					
a. NAME (Last, First, Middle Initial)		b. TELEPHONE (Include area code)	c. CELL PHONE	4. HOME TELEPHONE NUMBER (Include area code) (Optional)	
5. ORGANIZATION/DIRECTORATE			6. DIVISION/BRANCH		
7. SUPERVISOR NAME (Last, First, Middle Initial)			8. DUTY ROOM	9. TELEPHONE NUMBER	
10. POSITION SENSITIVITY (X one)					
<input type="checkbox"/> NON-SENSITIVE (No clearance)	<input type="checkbox"/> NON-CRITICAL SENSITIVE (Secret)	<input type="checkbox"/> CRITICAL SENSITIVE (Top Secret)	<input type="checkbox"/> SPECIAL SENSITIVE (SCI)		

SECTION 2 - COMPLETE IF CIVILIAN EMPLOYEE (Permanent or Temporary)

1. GRADE/PAY BAND/SERIES	2. TITLE				
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SECTION 3 - COMPLETE IF CONSULTANT/INTER-GOVERNMENTAL PERSONNEL ACT (IPA)

1. AGENCY NAME		2. AGENCY ADDRESS			
3. AGENCY TELEPHONE NUMBER (Commercial or DSN)		4. EXPIRATION DATE OF CONSULTANCY/IPA (YYYYMMDD)			
5. PARENT ORGANIZATION		6. PARENT ORGANIZATION'S IPA POC		7. PARENT ORGANIZATION TELEPHONE NUMBER (Include area code)	

SECTION 4 - COMPLETE IF MILITARY PERSONNEL

1. SERVICE	2. RANK		3. LEVEL (X one)		4. STATUS (X one)	
		<input type="checkbox"/> OFFICER	<input type="checkbox"/> ENLISTED	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RESERVE	
5. MILITARY OCCUPATION CODE		6. DUTY TITLE				

SECTION 5 - COMPLETE IF DETAIL/DEVELOPMENTAL ASSIGNMENT (Military or Civilian)

1. PERMANENT DUTY STATION					
2. START DATE (YYYYMMDD)		3. END DATE (YYYYMMDD)		4. DUTY TITLE	
5. EMPLOYMENT TYPE/CATEGORY (X one)					
<input type="checkbox"/> DETAIL	<input type="checkbox"/> DEVELOPMENTAL ASSIGNMENT	<input type="checkbox"/> INTERN (Paid or unpaid)	<input type="checkbox"/> PRESIDENTIAL MANAGEMENT FELLOW (PMF)		
<input type="checkbox"/> LIAISON OFFICER	<input type="checkbox"/> OTHER (Please specify)				

SECTION 6 - COMPLETE IF CONTRACTOR PERSONNEL

1. COMPANY NAME	2. COMPANY ADDRESS (Street, Suite No., City, State and ZIP Code)
3. COMPANY TELEPHONE NUMBER (Include area code)	4. EXPIRATION DATE OF CONTRACT (YYYYMMDD)

SECTION 7 - IN-PROCESSING REQUIREMENTS

Organizations should enter specific location/room numbers as appropriate.
Enter "N/A" under "date completed" for inapplicable action items.

ACTION ITEM	INITIAL/DATE COMPLETED
1. COMPONENT (OSD/WHS Component Administrative Officer)	Room No.:
a. Personnel Locator Form	
b. Update Organizational Telephone Directory	
c. Parking Information (Pentagon or Mark Center)	
d. NCR Mass Transit Subsidy Program	
e. Government Travel Credit Card	
f. Government Travel Card Account Transfer Form	
g. Issue Morale and Welfare (MWR) membership card for OSD Welfare and Recreation Association (civilian and military only)	
h. Telephone set up and password	
i. Notification to Defense Travel System (DTS) Manager	
j. Provide information on Pentagon Library	
k. Provide information on Pentagon Athletic Center	
l. Obtain copy of Military Orders if applicable	
2. EMERGENCY PREPAREDNESS AND CONTINUITY OF OPERATIONS (ECP Administrator)	Room No.:
a. Provide organization evacuation procedures and egress route map - provided by the fire marshal's office	
b. Ensure employee is added to the mass alert and notification system	
c. Issue Government Emergency Telephone System (GETS) card or Wireless Priority Service (WPS) for Emergency Response Group (ERG), if applicable	
d. Update organizational emergency roster	
e. Special badging requirements for Emergency Response Group (ERG)	
f. Provide copy of union-management agreement if applicable	
3. MILITARY PERSONNEL	Pentagon, Room 5E565
a. Military member check in with WHS/Military Personnel Services	
b. Provide copy of orders to organizational component	
4. PHYSICAL SECURITY	Room No.:
a. Provide Federal Employee Compensation Act (FECA) physical security reporting information (e.g., hazards, accidents, injuries, illnesses)	
b. Provide information on safety training, medical, personal protective equipment	
c. Provide ergonomic information and assessment of workstation for identifying accessibility needs if applicable	

ACTION ITEM	INITIAL/DATE COMPLETED
5. SECURITY MANAGER	Room No.:
a. Identification Cards	
(1) Common Access Card (CAC) - fingerprint requirement, NACI	
(2) NCR/Contractor Badge	
b. Security notification for DoD civilians and military	
c. Security notification for contractors (Visit Authorization Request (VAR))	
d. Completion and signature on Standard Form 312	
e. Attestation completed	
f. Component Security Briefings as required	
g. Courier Card (if needed)	
h. Security Access (Swipe Access/SIRP Access/Lan Room/PIC Numbers)	
i. IDS alarm access established; PIC/PIN provided to employee if applicable	
6. INFORMATION TECHNOLOGY	Room No.:
a. Signed DD Form 2875, "System Authorization Access Request (SAAR)", to create account (e.g., local and global email accounts)	
b. Request IT Equipment from the WHS Joint Information Technology Service Provider of the Pentagon (JITSPP) Customer Support Portal (click here) and click on the Customer Support icon, if IT equipment is needed	
c. Contact JITSPP Service Desk - (703) 693-9600 for information, if needed	
d. Read and sign "JITSPP Information Systems User Agreement"	
e. Create Remedy Account, if needed	
f. IA Training and Awareness Certification	
7. SUPERVISOR	Room No.:
a. Notify timekeeper and/or add account authorization for ATAAPS	
b. Identify system access needed and take appropriate action to initiate required paperwork	
c. Office space secure lock combinations (e.g., cipher lock/XO-9, etc.)	
d. Address performance management	
e. Identify development and training plan as appropriate	
f. Schedule orientation and mandatory/recommended training	
g. Brief employee on MyBiz and MyPay accounts	
h. Office of General Counsel (OGC) Financial Disclosure Report (OGE Form 450 or 278 within 30 days), if applicable	
(1) DoD General Counsel: (703) 695-3422 - Pentagon, Room 3E783 (OSD employees only)	
(2) WHS/PFPA General Counsel: (703) 693-7374 - Pentagon, Room 2E1035 (WHS and PFPA employees only)	
i. Schedule in Brief, if applicable:	
(1) Initial Ethics Orientation with appropriate OGC	
(2) With Organizational Director	
SECTION 8 - CERTIFICATIONS	
1.a. EMPLOYEE SIGNATURE	b. DATE SIGNED (YYYYMMDD)
2.a. ADMINISTRATIVE OFFICER SIGNATURE	b. DATE SIGNED (YYYYMMDD)
3.a. SECURITY MANAGER SIGNATURE	b. DATE SIGNED (YYYYMMDD)
4.a. SUPERVISOR SIGNATURE	b. DATE SIGNED (YYYYMMDD)